



# Medics Forward

*"Any mission, Anywhere!"*

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June 2005



## German students take part in clinical rotations at Heidelberg Hospital

By Charles Ward  
Heidelberg Medical Activity  
Public Affairs Office

When asked why she chose to do what is known as a clinical rotation with the U.S. Army Hospital in Heidelberg, Ina Lodde is not hesitant to answer. "This is a really good opportunity. This is almost like really being in America. I can practice my English, learn a lot about the American ways of medicine, and help them with understanding things in Germany."

Lodde is a second year German medical student at the University of Münster. She joined the Heidelberg Hospital staff in early March for a rotation first with the Internal Medicine Clinic and later with the Emergency Room.

"There are differences in the ways (Germans and Americans) practice medicine. I have already done one rotation at a German hospital in Ulm, but one is not permitted to do as much as here in an American hospital. There I got to draw blood only two, maybe three times. Here I am taking blood, doing EKGs, preparing beds, using the laboratory and taking things there. I am able to do nearly all of the things I want to, and it is great to be able to help."

During the many years of a German medical student's study program, one is required to do three months of a nursing rotation prior to four months on a doctor rotation. A student typically intersperses the clinical rotations, fitting them in over a period of years when medical school is not in session.

Lodde commented that typically a medical student anticipates the nursing rotation as less interesting. "As you do the nursing internship, you expect it not to be as interesting as the doctor internships, but this turned out to be very interesting. I got to do more than I expected I would be able to do."

This experience at Heidelberg completes Lodde's nursing rotations requirement.

Heidelberg Hospital averages a dozen medical students throughout the year performing clinical rotations of varying lengths of time. They get assigned to clinics like orthopedics, pediatrics, family practice or the mother baby unit.

In the past years over fourteen clinics have hosted visiting students. Most clinics welcome the medical students with open arms. An established clinical rotation program usually depends more on clinic staffing in order to permit the best possible learning experience for the student.

Organizing the administrative aspects of the program is Staff Sgt. Paul Waite who works in the office of staff development.

"We enjoy getting the German students to join us. Typically they want to come during the long semester breaks they have in their school year. This works for us. Really they can come at any time of year," said Waite who takes interested students through the application process and assists with their placements within the hospital.

The hospital staff clearly enjoys having the medical students. Both groups seem to profit not only from the professional experience but also from the personal contacts and friendships.

"I think it benefits us," commented Tonya Crager, a Registered Nurse in ER. "It does help us get more of an internal look into the German medical system. We do refer patients to the economy, and we need to understand how things work for them."

"It is always good to have students around," added Capt. David Boyd, also an emergency room nurse.

"Students are excited and motivated. It energizes and improves the work environment." Boyd draws on his experiences assisting students in residency programs at Emory University's School of Medicine in Atlanta. "It's not just one way. We learn

from them, too."

Lodde agreed that this experience does provide a nice supplement to her university studies. "It helped a lot that I have already studied on some of these topics and now got to see this. I am able to apply what I have learned here for what I will study next."

Lodde is impressed with Americans openness and the welcome she received when starting work at the hospital. "Everyone made a very nice effort to help me, helping me to learn and showing me how to do things. A clinical rotation is not so much what you see or what you learn, the experience is really good or bad based upon the working relationships with the staff. And when you like to go to work, it really makes it easier to learn."

Clearly for Lodde this was a positive experience because she is very pleased with the hospital rotation and would eagerly encourage other German colleagues to seek a rotation at a US medical facility. When asked if she would recommend it, Lodde answered, "Yes, I would. Certainly. Especially here in Heidelberg. You can learn about US practices, gain some medical expressions, improve your English, and this is a beautiful city."

Concerns for any German-English language difficulties are usually quickly dismissed. The medical students are almost always very proficient in English. Lodde was no different. "She really has perfect English," said Crager. "And she's helped us with translating things that we see in German. We do get some German patients and sometimes their records are completely in German. The other day she even requested a German ambulance for us."

"No, I'd have to say there are some language issues," quipped Boyd, a native of Tennessee. "There is a barrier, but honestly that's probably due to our southern slang."

### INSIDE THIS ISSUE:



**U.S. Army nurse  
saves local German  
man's life.**

**See story page 6**

**Operation Iraqi Freedom  
&  
Operation Enduring  
Freedom  
as of June 6, 2005**

### Clinical Operations

- OIF patients 21,212
- OEF patients 2,623

### USAMMCE

- Line items 386K
- DoD customers 622
- \$387 million

## ERMC



"Caring for our nation's best" Medics Forward ...  
Any Mission, Anywhere!

## ERMC NCO and Soldier of the Year 2005



Photos courtesy U.S. Army

***The Europe Regional Medical Command (ERMC) announced the Noncommissioned Officer and Soldier of the Year for 2005. Staff Sgt. Jesse M. Moncivais, Landstuhl Regional Medical Center and Spc. Maryann A. Brown, Medical Department Activity, Heidelberg. Moncivais is assigned to the Department of Pathology lab services where he works as a cyto technologist. Brown is assigned to the nutrition care division where she works as a nutrition care specialist. The winners were announced by ERMC commander, Brig. Gen. Carla Hawley-Bowland, during a ceremony held last month at Wilson Theater on Nachrichten Kaserne, Heidelberg.***

# Army Reserve Soldiers help Armed Forces of Bosnia and Herzegovina prepare for mission in Iraq

**Story and photos by Sgt. 1st Class Derrick Witherspoon**  
**7th Army Reserve Command Public Affairs Office**

SARAJEVO, Bosnia-Herzegovina - As a platoon of Soldiers from the Armed Forces of Bosnia and Herzegovina (AFBiH) prepared for their first major mission outside of Bosnia-Herzegovina in support of Operation Iraqi Freedom, U.S. Army Reserve Soldiers supported them with some medical training that could eventually save their lives.

Soldiers from the 7th Army Reserve Command's (ARCOM) Medical Support Unit-Europe (MSU-E), headquartered in Heidelberg, Germany, traveled to Sarajevo in May to provide Soldiers from the Armed Forces of Bosnia and Herzegovina with Combat Lifesaver Familiarization. The AFBiH Soldiers, who are volunteers from the Federation Army and the Army of the Republic of Srpska, are preparing for their first joint military operation outside of Bosnia.

Captain Robert Beljan, operations officer for the Armed Forces of Bosnia and Herzegovina Center of Professional Development in Pazaric, said the Soldiers will be attached to a U.S. Marine explosive ordinance disposal unit. Their mission, as part of the Coalition Forces in Iraq, will be to dispose of large amounts of captured ammunitions. Beljan said the lifesaving training the Soldiers received from the combat medics will help them aid one another in case of a medical emergency.

"I can say as an operations officer, who followed the entire medical familiarization provided by the U.S. Soldiers, that this was some of the best training that our Soldiers have had, especially when it comes to hands-on training," said Beljan.

The four Soldiers from the MSU-E who provided the

combat lifesaver familiarization – Sgt. 1st Class Jerry Taylor, Staff Sgt. Bruce Toland, Sgt. David Deans, and Spc. Daniel Perry – are part of an Army Reserve medical team that travels throughout Europe providing Soldiers Combat Lifesaver Training.

Maj. Thomas Johnson, operations officer for the MSU-E, said the unit's mission is to augment and support U.S. Army Europe and maintain a combat ready, forward stationed Army Reserve medical unit fully capable of supporting the 7th ARCOM and European Regional Medical Command (ERMC) intra-theater medical mission. Johnson added that one of their major missions is to provide combat lifesaver training to Soldiers being deployed to a combat zone, such as Iraq.

Staff Sgt. Bruce Toland, an Army Reserve Soldier with the MSU-E, said the combat lifesaver familiarization they provided the AFBiH Soldiers was geared to help them deal with any medical emergency that might arise due to their handling of munitions as part of their mission in Iraq.

"We basically taught them all the necessary skills of a combat lifesaver so they may be able to save a life," said Toland, "i.e. how to control bleeding, treat shock, splint a fracture, attend to a sucking chest wound or an abdominal wound, and how to initiate an I.V. Basically all the important techniques needed for assistance to a casualty."

Although they asked not to be identified, all of the AFBiH Soldiers who were spoken to echoed the same sentiments: this was not only some of the best and most useful preparation for their deployment to Iraq, but it was also a great team and morale builder.

## U.S. ARMY RESERVE



**Sgt. David Deans, an Army Reserve Soldier with the 7th Army Reserve Command's Medical Support Unit-Europe, secures an Armed Forces of Bosnia and Herzegovina (AFBiH) Soldier into a litter. Soldiers from the MSU-E demonstrated how to load and unload a casualty into a military vehicle.**



**An Armed Forces of Bosnia and Herzegovina (AFBiH) Soldier tightens a tourniquet around an I.V. training arm before practicing administering an I.V. to a casualty. Army Reserve Soldiers from the 7th Army Reserve Command's Medical Support Unit-Europe, taught the AFBiH Soldiers how to administer an I.V. during combat lifesaver familiarization.**

## USAMRU-E



**The U.S. Army Medical Research Unit-Europe, located in Heidelberg, Germany, conducts research to support the U.S. Army.**

# Role clarity good for Soldier health

**Article submitted by  
U.S. Army Medical Research Unit-Europe**

Numerous studies have demonstrated that high job stress is associated with poor health. One well-known line of research suggests that one way to reduce the impact of high job stress is to increase job control. Basically, if employees feel they have high job control they will handle work stress better than if they feel they have low job control. The obvious recommendation to organizations interested in supporting the health of their employees is to increase opportunities for employee job control.

Unfortunately, not all organizations can reduce the impact of job stress by increasing job

control. In the military, for example, many jobs are performed to a defined task condition and standards. That means there is less room for raising job control across the board. Researchers at the U.S. Army Medical Research

Unit-Europe, an overseas laboratory of the Walter Reed Army Institute of Research, have begun exploring role clarity to see if it might also help Soldiers deal with work stress. Role clarity is something that leaders can work to provide their Soldiers by making work requirements clear and predictable.

In a study presented at the Society for Industrial and Organizational Psychology (SIOP) meeting in April 2005, USAMRU-E researchers reported on a survey conducted with 1,683 ROTC cadets after 26 days of training at National Advanced Leadership Camp (NALC). In the survey, cadets were asked to rate their job stress from participation in NALC, their psychological and physical health, and their perception of role clarity. Role clarity was defined as "I

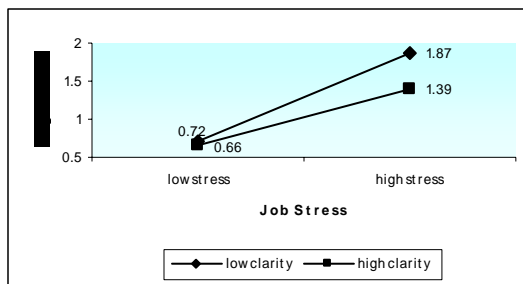
know what I have to do to perform well at Advanced camp", "I know exactly what is expected of me as an Advanced Camp cadet", and "Most of my tasks are clearly defined."

Results demonstrated that high role clarity buffered cadets from the negative impact of high job stress. That is, among cadets reporting high job stress, those who also reported high role clarity had lower levels of depression and physical health symptoms than those who reported low role clarity. See the graph accompanying this article for a visual depiction of the impact of role clarity on the job stress-depression relationship.

The study findings point to the utility of increasing role clarity in the military and other organizations. Role clarity is likely to be an aspect of the work environment that can be relatively easily enhanced through policy, training, and practical problem-solving initiatives. So leaders can take heart in knowing that the time

they spend in explaining what Soldiers need to do to perform well and what is expected of them, will pay off in terms of a healthy and ready force.

The paper, *Variations on the Demands-Control Model: Examining Role Clarity and Gender*, prepared by Jessica Ippolito, Diplom-Psychologin, contracting with the USAMRU-E, Capt. Jeffery Thomas, research psychologist on assignment at the Office of the Secretary of the Army for Acquisitions, Logistics, and Technology as a medical liaison and technical staff officer, Lt. Col. Paul Bliese, commander, USAMRU-E, and Dr. Amy Adler, research psychologist at USAMRU-E., was presented as a poster at the annual SIOP meeting, held in Los Angeles on April 15.



## Army Medical Science Reviewed by Expert Panel

Medical research conducted by military research psychologists at the U.S. Army Medical Research Unit-Europe (USAMRU-E), an overseas laboratory of the Walter Reed Army Institute of Research (WRAIR), is part of a larger Army science program.

This program titled “*Interventions to enhance Soldier resilience and prevent psychiatric casualties*” consists of several vital components. These include epidemiological analyses of medical data; large-scale anonymous surveys of Soldiers; the development of a post-deployment psychological screening instrument, and validation studies of early intervention techniques. The research is primarily conducted by military scientists at USAMRU-E (WRAIR) in Heidelberg, Germany, and the Department of Military Psychiatry (WRAIR) in Silver Spring, Md. Program manager Col. Charles Hoge, Director, Division of Neurosciences and Neuropsychiatry, WRAIR, coordinates the program.

As is the case with any Army research program, this program is subject to various levels of review to ensure that the science is relevant and of high quality. Recently, a comprehensive external review was conducted on April 27, 2005 at WRAIR in Silver Spring, Md., by scientists selected for their standing in the field by the American Institute of Biological Sciences (AIBS). Three briefings were presented by USAMRU-E scientists. Lt. Col. Paul Bliese,

commander, USAMRU-E, and Capt. Oscar Cabrera, chief of research operations, USAMRU-E, presented the unit’s work on group-level effects in understanding the impact of leadership on Soldier health. The unit’s work on developing a valid, short and easily-administered psychological screening was then presented by Lt. Col. Bliese and Dr. Kathleen Wright, research psychologist, USAMRU-E. Finally, various intervention studies conducted by both USAMRU-E and the Department of Military Psychiatry were presented by Amy Adler, research psychologist, USAMRU-E, Lt. Col. Carl Castro, chair, Department of Military Psychiatry, and Dr. Stephen Messer, research psychologist, Department of Military Psychiatry. This year the review was followed by a day-long steering committee meeting in which military mental health experts provided additional recommendations and guidance.

The system of oversight for products emerging from USAMRU-E’s research program begins with the scientific and ethical review of proposed research (called research protocols). After the research is conducted, manuscripts are then submitted for publication in professional journals and submitted to a further round of review by scientific peers. Throughout this internal and external system of review, the goal is to ensure quality research information for military policy makers, senior leaders, military members and their families.

### USAMRU-E



**The U.S. Army Medical Research Unit-Europe, located in Heidelberg, Germany, conducts research to support the U.S. Army.**

## LRMC



# Nurse gives man second chance at life

**By Spc. Todd Goodman**  
**Landstuhl Regional Medical Center Public Affairs**

After returning home from a March 22 bicycle ride, retired Air Force Staff Sgt. Eugene Scott greeted his German wife of 45 years, suffered a heart attack and collapsed into a chair.

“He was gone,” said Gertrude Scott. “I called right away for help.”

Help arrived in the form of her upstairs tenant, 1<sup>st</sup> Lt. Karla Clarke, a nurse with the 212<sup>th</sup> MASH, Miesau, who spends most of her time working in the Landstuhl Regional Medical Center (LRMC) pediatric clinic.

Clarke and her husband, Richard, ran downstairs to see what they could do. Scott was screaming that he had suffered a stroke, but the lieutenant immediately recognized that it was a heart attack.

“He was pale and pasty,” said Clarke. “I felt his pulse and it had stopped. He was dead for two minutes.”

A veteran of performing cardio-pulmonary resuscitation, she went in to what can be described as autopilot, effortlessly directing the people around her as to what they should do. Her husband performed chest compressions while she gave mouth to mouth and awaited a pulse. What happened next shocked her. “He came to (consciousness) and gasped,” she said. “I was really startled because it’s not normal for CPR to jumpstart a heart back to life. Usually it takes an electrical impulse. CPR just helps circulate oxygen to the brain until the electricity arrives.”

For whatever reason, his 78 year-old ticker again began beating and both he and his wife are so grateful.

“I could not let him die,” said his teary-eyed spouse. “We have been together so long. I don’t want to be alone. Even when I get mad at him, he just starts singing and whistling and I forgive him.”

“She saved me,” said Scott. “I’d felt a pain in my chest for several days, but thought it would go away. I don’t remember much about that day, except waking up in the hospital. I’m so happy and so grateful to her for giving me a second life.”

What to do with a new lease on life? Go to the Caribbean? Take up a new hobby? No. He plans on doing what he always does. Riding his bicycle around the town of Kindsbach, sweeping up the sidewalks around his local church .... and whistling.

“He is famous around Kinsbach,” said Clarke. “So many people know him and always see him peddling his bike around town. He really is part of the community.”

She never has performed CPR on the civilian side, and this time was especially precious to her because she has a relationship with him.

“Knowing the family really makes it more special,” she said. “I look at him now and just can’t believe he’s still alive. It’s just awesome.”

The lieutenant was recognized May 24 at the Landstuhl Rathaus, where she received multiple awards and was honored by German officials as well as members of her unit. Kindsbach Mayor Mathius Donauer presented the Clarkes with a city certificate of appreciation and a bouquet of flowers.

## LRMC receives Meritorious Unit Commendation

By Spc. Todd Goodman  
Landstuhl Regional Medical Center

Landstuhl Regional Medical Center was awarded the Meritorious Unit Commendation (MUC) by Army Chief of Staff Gen. Peter J. Schoomaker during a ceremony at Heaton Auditorium May 12.

Secretary of the Army Paul Harvey signed the MUC award to Landstuhl Regional Medical Center (LRMC) for the period of September 12, 2003 – December 1, 2004. LRMC received the award for the medical support it has provided and continues to provide directly related to the combat effort.

“Getting this award means the entire Army recognizes that we have done a truly tremendous job evacuating more than 24,000 injured servicemembers,” said LRMC Commander Col. Rhonda Cornum.

This is the second prestigious award the colonel has seen LRMC receive. Earlier, she led the organization to the Army Superior Unit Award, which Schoomaker presented on April 3, 2004.

That award covered the period from Sept. 11, 2001 to the beginning of the Iraqi war in September of 2003. The MUC recognizes the sustained excellence in the care, especially of mass casualties, throughout the war effort.

“We are not getting mass casualties every day, but for an Intensive Care Unit or Emergency Room, seven or eight on a regular



Photo by Spc. Todd Goodman, LRMC Public Affairs Office

**Army Chief of Staff Gen. Peter J. Schoomaker (left) stands with Landstuhl Regional Medical Center's commander, Col. Rhonda Cornum during the ceremony awarding LRMC the Meritorious Unit Commendation.**

basis is quite a feat,” she said.

“A lot of people don’t realize how much care you all provide,” said Schoomaker. “We are thankful for everything you do. We’re experiencing the lowest war death rates ever ... and I thank you.”

During the presentation, Cornum read aloud a letter from a thankful mother, whose son was treated for shrapnel wounds at LRMC before being sent stateside for more recovery. Tears began to well up in her eyes as she read the mother’s words about how fortunate she was to still have her son by her side.

“We get a lot of awards,” said Cornum. “We talk about thousands of casualties, thousands of dollars, thousands of everything. But it’s important to note that we do it one patient at a time.”

Cornum said the award means a lot to her on both a personal and professional level. “It means that I

will always have a visible reminder of my time at LRMC,” she said. “It’s a great accomplishment on a personal level, but to lead this organization through its period of greatest activity is an honor.”

Although service in a combat zone is not required for the MUC, it must be directly related to the combat effort. Continental United States based units are excluded from this award as are other units outside the area of operation. The unit must display superior performance of difficult tasks in order to set it apart from other units with similar missions. The degree of achievement required is the same as that which would warrant award of the Legion of Merit to an individual.

As of now, Air Force personnel assigned to LRMC are not authorized to wear this award. However, the command group is currently seeking approval through Air Force channels.

LRMC



## TFMF



**Provide level III combat health support to Multinational Brigade-East and Multinational Brigade-Central.**

**Sustain or improve the training level of all medical MOS Soldiers assigned to Task Force Medical Falcon and Task Force Falcon.**

**Promote transition of healthcare to civil authorities.**

[www.tfmedfalcon.hqusaureur.army.mil](http://www.tfmedfalcon.hqusaureur.army.mil)

## Training heats up for TFMF and Swedish Soldiers

**By Spc. Alicia Dill**

**Task Force Med Falcon Public Affairs Office**

As the flame from the burning car intensifies and the growing heat washes over the medical team, this two vehicle accident quickly becomes a test of countless hours of hands-on training.

With many problems being addressed at once and the lives of injured patients on the line, time speeds up for these Kosovo Forces Soldiers working side by side.

"It goes from being a training exercise, knowing it is a training exercise, to it feeling very real, very quickly," said Sgt. 1<sup>st</sup> Class Timothy Kennedy, non-commissioned officer in charge, Ground Ambulance team, C Company, Task Force Med Falcon.

"You can definitely feel the heat from the vehicle. The Lake Forest, California native said, "You are concentrating on patients, and they are screaming and yelling, moaning and groaning and you're starting Intravenous Lines (IV), and that's real. It goes from zero to 60, very fast," he said.

"This type of action-packed situation is part of the training Task Force Med Falcon, Task Force Shadow and the Swedish National Supply Unit (NSE) Fire and Rescue Platoon completed April 10, outside Camp Victoria (the Swedish Camp)," said 1<sup>st</sup> Lt. Katrina Seale, ground ambulance platoon leader and Headquarters and Headquarters Company commander, Task Force Med Falcon.

After a call was made to simulate a nine-line Medical Evacuation (MEDEVAC), the car crash quickly became reality for Soldiers looking for hands-on experience. Task Force Med's Ground Ambulance team was the first to arrive on the scene, after being diverted from a reconnaissance mission in Pristina, said Kennedy. After an assessment of the scene, they called in the Swedish Fire and Rescue Platoon to assist. After the Swedish arrived, a second ambulance from Task Force Med appeared to help wherever needed, he said.

"Of the Swedish patients from the first car, one had simulated burns on over 50 percent of his body and the second had minor burns. With one vehicle engulfed in flames, the second car had three Swedish casualties still trapped inside," said Kennedy. "We extracted the patients using the jaws of life," he said. "They had to pry the dashboard away from them to get the patients out of the vehicle."

"The driver was stuck and we had to wait for the fire team to cut the roof off to get him out of there," said Sgt. Johanna Lundstrom, medic, Swedish Fire and Rescue Platoon. "I was there with the patient, holding his neck, waiting for them to cut the roof and he was losing his pulse and his blood pressure was going down, it was very critical."

After evaluating the scene, both Task Force Med Falcon and the Swedish Fire and Rescue Team worked together

to save lives. The effectiveness of the training was determined by Swedish evaluators, four registered nurses and one doctor, who were assigned to each casualty. Both the Swedish and Task Force Med Falcon Soldiers were evaluated.

Having an evaluator throughout the mission was something new for the American medical team and a constant for the Swedish team, said Kennedy. With them present, the stress of the scenario was turned up a few more degrees.

"They are evaluating their abilities to assess the patients and then to treat," said Seale. "You have the stressful situation of starting IV's and if you're nervous, you're shaking."

The evaluation process wasn't the only difference in the way the two countries operated.

"They sent out a Quick Reaction Force with ten Soldiers who secured the scene where there were kids playing on the soccer field," said Kennedy. "The way we do it, is the senior medic also pulls security." "I am only one guy and I'm watching out for bad people, talking on the phone, calling in the medical evacuation and relaying information to the Tactical Operations Center," he said. "It was cool because we got there and securing the scene was already taken care of."

Another element, besides the treatment of the patients, was the evacuation by helicopter and ground ambulance. The Task Force Shadow Air Ambulance team took helicopter evacuees to the medical facility at Camp Victoria, keeping the training relevant to both Task Force Med Falcon and the Swedish Fire and Rescue Platoon.

"The Swedish team doesn't have the air medical evacuation capabilities we have so they wanted to train with the helicopters," said Seale. This was also the first time the Swedish rescue team trained to load patients in the helicopter," said Lundstrom.

Helicopters landed on the soccer field and the MEDEVAC team became part of the life-saving training, said Sgt. 1<sup>st</sup> Class Blake James, first sergeant, Company C, Task Force Shadow, Air Ambulance.

Once the simulated patients were sent to Camp Victoria for further treatment, the medical teams from both countries could reflect on their learning experience.

"For the first time working with another country, we do almost everything the same way, as far as medical treatments," said Seale. "They were impressed with our skills and we were impressed with the capabilities they had."

"I know I can get help from the Swedish," said Sgt. Grant Cooper, medic, Headquarters and Headquarters Company, Task Force Sidewinder. "I know their capabilities and how they will react and what they will come with."



...People will remain the  
centerpiece of all we do—  
Soldiers, civilians,  
retirees and veterans...  
The Army Vision



## ERMC

***“Caring for Our Nation’s Best”  
Medics Forward ... Any mission,  
Anywhere!***

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Photo by Charles Ward, HMEDDAC Public Affairs Office

***Captain David Boyd (back left) and Capt. Joshua Stauffer (back right), Heidelberg Hospital emergency room nurses, review a patient’s medical history while Pvt. 1st Class Christy Long (front left) and Ina Lodde listen. Lodde joined the emergency room staff for a month-long clinical rotation which is part of her German medical school studies. As an ongoing program, Heidelberg Hospital hosts the medical students, placing them in over a dozen different clinics throughout the facility.***

***For complete story see page 1***

The U.S. Army Europe Regional Medical Command was activated on Oct. 16, 1994, under the command and control of the US Army Medical Command, headquartered at Fort Sam Houston, Texas. The command was originally designated the European Health Service Support Area, one of seven Army health service support regions throughout the world. To clarify beneficiary recognition of their mission, all health service support areas were re-designated regional medical commands in July 1996.

To meet the European challenge of the ever changing medical environment and the military force, Europe Regional Medical Command oversees and maintains the successful operation of the Army's 28 healthcare facilities in Germany, Italy and Belgium.